‘The magic is in the co-production’: Summary Report from the Evaluation of the Love Barrow Families Project

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Acknowledgements

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Introduction

The Love Barrow Families (LBF) project is an innovative service delivery model which was founded by social workers Katrina Robson and Alison Tooby and co-produced with a small number of local families to ensure it responded effectively to local need. Families are viewed as experts on their own lives and are represented on the steering group and project board. The intervention centres around promoting resilience and building on community assets. Practical and therapeutic intervention is informed by the Dynamic Maturational Model (DMM) of Attachment (Crittenden 2008) which helps provide an understanding of relationships and allows underlying problems within the most complex, entrenched families to be identified and addressed. The project has received funding from the CPFT, Lankelly Chase Foundation and CCC.

The Evaluation

Sharon Vincent and colleagues from Northumbria University were commissioned to evaluate the pilot, to see whether this way of working worked and to determine whether it could be used more widely across Cumbria. The evaluation comprised mixed methods including:

- Analysis of quantitative data relating to police callouts, mental and physical health and social care status for 20 pilot families collected by children's services, the police and health agencies. We were unable to access GP practice data, education data or employment data. A sample of 20 matched families receiving a different form of intervention was used as a point of comparison for children's social care data and police callout data. We were unable to obtain health data for comparison families. The comparison families had been identified by Focus Families in 2013-14 as meeting the criteria for referral to LBF but LBF had not had the capacity to work with these families. They, therefore, appeared to be a suitable control group but because we were unable to access additional information about these families we were unable to determine the extent to which their characteristics matched those of the case families. Social care data suggests that the families LBF worked with may have been higher tariff than those in the comparison group since 16 LBF were subjected to child protection plans in 2013-14 (the time at which LBF started working with the families) compared to just 3 of the non LBF (see Figure 1).
- Documentary analysis of case files relating to the 20 pilot families.
- Analysis of qualitative data from 12 interviews with 14 parents and carers, a focus group with 6 parents and carers and a focus group with 2 young people.
- Analysis of qualitative data from interviews and focus groups with 36 stakeholders from education, social care, the police, health, the LBF staff team and third sector organisations.
- Observation of practice at events such as LBF lunches to provide an ethnographic aspect to the evaluation.

Ethical approval was obtained from Northumbria Research Ethics Committee. Some families did not choose to talk to the research team directly but gave written consent for us to include case file data and quantitative data collected by other agencies relating to their families in the evaluation. The findings are based on cross-case analysis of quantitative and qualitative data on all 20 families. This summary report is accompanied by a full report and five case studies outlining individual families' 'journeys'.

The intervention

LBF is an innovative service delivery model based on principles of whole family working, relationship based practice and development of community capital which was co-designed to address what local families' and frontline professionals' want from services.

Families' top five priorities	**Frontline professionals' priorities**
• Compassion and understanding • A team that joins up services for children with services for parents and that provides 24 hour support if and when needed • Services developed in the local community which are available when families ask for help e.g. using older experienced members of the community to "foster" and support the whole family unit rather than children being taken into foster care • To NOT have to live in fear of having children taken away, honesty and clarity about what needs to change in order to keep children safe and the right help to make these changes • An honest and equal trusting relationship with one main professional	• A local initiative that joins up services for whole families, bringing together adult and child services • One clear assessment tool for a whole family • To have less paperwork and more time to spend with families so that we can respond when it's needed and for as long as needed • To feel safe within a team that can work with families to hold and address risk as part of our day-to-day work i.e. services can be provided to families whether or not they need to be subject to safeguarding procedures • To have high quality supervision, training and guidance provided by experienced professionals who can act as mentors and who can support ongoing care planning and evaluation

Most of the 20 families comprising 35 parents and carers, 42 children under 18 and 5 adult children with multiple, complex needs who received intervention from LBF between 2013 and 2016 were able to access flexible joined up services for all members of the family within their local community whenever they needed it. They also developed equal trusting relationships with LBF staff and became less fearful their children would be taken away because LBF gave them clarity about what they needed to change and provided them with the support they needed to make these changes. Just two families did not engage and, therefore, did not develop such close, trusting relationships.

LBF is different from other family interventions. The project is multi-disciplinary and involved reorganisation of services to co-locate a team of workers and volunteers from the Local Authority's Children's Services, Adult Social Care, Child and Adolescent Mental Health and Adult Mental Health services, thus bringing adult and children's agencies together. One member of the team acts as a key-worker for each family, functioning as a transitional attachment figure for family members, coordinating all other services. There is one comprehensive assessment tool for the whole family and one case file. The assessment includes adult and child mental health and ensures a functional formulation and identification of the dangers each family is experiencing. It also identifies the 'critical causes' of potential change and ascertains the crucial actions professionals need to take (Crittenden 2008). A Timebank, which was developed in the community to support families, but also harnesses their assets or skills, is a key component (Timebanking UK 2011).

Intervention is targeted towards individual family need, and arrangements are negotiated and agreed with all partners, but can consist of statutory work; bespoke packages of care to identify the

child's needs and the parents practical and emotional needs to enable a safe return home from care; parenting support and work around attachment; advocacy; working alongside parents to navigate the systems around housing and benefits, ensuring they do not get lost in the many processes that confuse and defeat vulnerable applicants; an emphasis on social activity designed around the families' expressed needs; practical support; education and employment support; and therapeutic work. Families particularly valued the social activities, advocacy, and practical and emotional work. Because intervention is informed by the Dynamic Maturational Model (DMM) of Attachment it has a sound theoretical underpinning. The DMM allows professionals to understand the complexity of the family's history and its impact on them and their relationships and allows them to understand how best to approach the multiple difficulties they face.

Although LBF sometimes refer individual family members for additional support one of their key strengths is that they can respond to most of the issues families present with themselves. Because the project is rooted in the importance of relationships in effecting change the LBF team are facilitated to undertake the many different tasks which are required because they know what is manageable and what is needed. Referring out to other agencies would increase the possibility of the wrong things being offered at the wrong time, often in the wrong way. They have been particularly successful at managing and holding risk effectively within a climate of high anxiety and being able to address multiple issues within the same service has had a significant impact on the number of agencies involved with families as can be seen from the examples presented in Table 1. Families appreciate being able to obtain support from one place rather than having to retell their story to different service providers and there are likely to be significant cost implications.

The project has broken down traditional barriers across agencies as well as between child protection and early intervention services and child and adult services. Children and young people and their families often have to change worker if they are no longer subject to a child protection plan or if they return home from care. LBF continue to work with families even if children are taken into care thus providing continuity for families struggling to navigate through the complexities of the child welfare system. Professionals valued the fact that LBF have been able to coordinate support across agencies and commented that it was a model of how services should work together to support families with complex needs. Any future reform of services in Barrow and Cumbria should be aimed at continuing to break down these barriers. Another strength of LBF which needs to be built upon is their success in working with fathers, partners and other potential carers across traditional family and household boundaries. Although LBF worked with a wide range of family types and needs all the families they worked with were white British. It is, therefore, not possible to say whether the approach would be successful with Black and minority ethnic families but because the model is based on the importance of establishing relationships and understanding it is likely to be effective for all families whatever their ethnicity or nationality.

Achieved outcomes

LBF have achieved a number of very positive outcomes. It is particularly notable that they have achieved these outcomes within a context of reduced and uncertain funding and with limited staff and this can be attributed to their innovative way of working as well as the commitment of their staff team. Achieved outcomes include:

- **Reduced numbers of children going into or returning to care**. Qualitative data from file analysis, observation and interviews with professionals and families suggests LBF prevented 9 children going into or returning to care representing avoided costs of £287,631 per year for children's social care (all costs presented in this report are based on Curtis and Burns (2014; 2015) average unit costs and may not reflect actual costs).
- **Significant reductions in the number of children on child protection and child in need plans** was evidenced by quantitative and qualitative data and can be compared to increases in the

number of children on child protection and child in need plans in the comparison group (Figure 1 and 2): 16 children were on child protection plans within the LBF group in 2013-14 but this had reduced to 1 in 2015-16. LBF had been asked to take on some of these families as a last ditch attempt to help before care proceedings were instigated so the positive social care outcomes in these cases are particularly remarkable. In contrast only 3 children in the non LBF group were subject to child protection plans in 2013-14 but this number had increased to 10 in 2015-16. There was, however, an increase in the number of children who were looked after in the LBF group. One of the 2 children who was looked after in 2013-14 has since returned home, the other has serious disabilities and remains in care and another 3 siblings became looked after in 2015-16. LBF had hoped the 3 siblings would remain with their father but children's social care felt the risks were too high and they were placed in foster care. The reduced numbers of children on child protection plans and child in need plans represent savings of £68,350 for children's social care for LBF compared to increased costs of £43,948 for the comparison group (Figures 3 and 4).

- **Improved mental health and emotional wellbeing** was evidenced by quantitative and qualitative data. Figure 5 shows that total mental health activity for LBF reduced by 103% to 2016. This equates to significant reductions in CAMHS costs (Figure 6) and probably significant reductions in adult mental health costs but adult mental health costs are more difficult to quantify. Families also reported improved emotional wellbeing.
- **Improved physical health** was evidenced by quantitative and qualitative data. Figure 7 shows that community health activity for LBF reduced by a massive 85.3% to 2016 and Figure 8 shows that total GP out of hours activity reduced by 40% over the same period. Families also reported improved physical health.
- **Reduced levels of crime and ASB** was evidenced from qualitative data from files, families and professionals. There have been more police callouts for LBF than comparison families (Figure 9) but police callout data is not a useful measure of criminal activity as it is not an accurate reflection of offences. For example, one family had no callouts in 2013-14 but 7 in 2014-15 and 2015-16 but qualitative data from case files and interviews with families and professionals revealed that none of these callouts actually constituted an offence.
- **Reduced numbers of professionals involved with families** was evidenced by quantitative and qualitative data. A number of the figures and tables presented in this summary report outline reduced contact with children's social care, mental health and physical health services and Table 1 provides examples of the reduction in numbers of services accessed by case families. Increases in the level of integration of service providers was also evidenced.
- **Increases in employability and raised aspirations** were evidenced by qualitative data from observation, families and professionals. A number of adults moved into employment or started volunteering and parents and carers were keen to tell us about their aspirations for the future. This is likely to have an impact in terms of future reductions in benefit expenditure.
- **Reduced numbers of unauthorised absence and exclusions** from school were evidenced by qualitative data from files, families and professionals from education. LBF's work also ensured that children stayed in or returned to mainstream education. This may also have an impact in terms of reductions in future benefit expenditure.
- **Reduced numbers of cases of domestic violence** was evidenced by qualitative data from files and professionals. As outlined above police call out data does not record the reason why the police were called out and better data is needed to evidence this quantitatively.
- **Increased engagement with the community** was evidenced by qualitative data. Families were keen to report that they were more engaged with community activities and this was confirmed by professionals as well as through observation.

- **Reduced numbers of crises in complex families** was evidenced by quantitative data and qualitative data from files, families and communities including less call on mental health services and reduced numbers of referrals to children's social care. Parents and carers also reported reduced numbers of crises. This was coupled with a reduction in the level of overall risk factors including mental health, substance misuse, domestic violence and offending. Families reported reduced levels of substance misuse but this needs further exploration as we were unable to obtain quantitative data in relation to substance misuse and qualitative evidence from professionals did not always corroborate this.
- **Increased levels of trust, security and happiness** was evidenced by qualitative data from families as well as from observation.
- **Increase in levels of compassion and understanding** provided by workers to families was evidenced by qualitative data from files, families and professionals and was also observed.
- **Reduced risk of having children taken away** was evidenced from qualitative data from families.

While the outcomes listed above were clearly evidenced during the period of the evaluation we cannot be certain what the outcomes for these families would have been anyway. Comparison data indicates that social care outcomes would have been less positive if these 20 families had not received support from LBF but we were unable to obtain health comparison data so could not compare health outcomes for children and young people and adults in LBF and comparison families. However, health data for LBF families for the three years prior to referral to LBF confirms that health outcomes were less positive before involvement with LBF. Neither is it possible to attribute the positive outcomes that have been achieved entirely to LBF since they work in partnership with a number of other agencies and their work cannot be isolated from that of others. However, LBF coordinated the multi-agency support that was given to these families and without them these outcomes are unlikely to have been achieved. Finally, we are unable to predict the extent to which these positive outcomes will be sustained over time. LBF continue to work with 17 of the 20 families (two families refused to engage and in a third case a voluntary agency took over as lead agency) and should continue to measure impact over the long term. In 13 of these 17 cases the level of intervention has significantly reduced over time. The fact that the intervention is not time limited is a significant advantage as this avoids the possibility of families being discharged and being re-referred to services when they struggle to cope in the future. LBF works in such a way that families can access a resource they know and understand, when they need it, rather than having to start again with another service that does not have this knowledge and which may replicate things that have not worked or simply take too much time to get to understand their difficulties. LBF do not stop working with families as they would be in traditional services, instead families' relationship with the project is expected to change over time. The aim is that as they need less help they will begin to contribute more to the project or their community, however, this part of the model has not yet been fully evaluated because the families are only just beginning to get to this stage. The community nature of the work and ongoing peer support is hugely important. A number of families reported that they meet other families outside of LBF and use them as informal support networks and LBF intend to build on these informal community supports moving forward in order to promote sustainability.

Challenges

While the findings provide evidence that the intervention has had positive benefits for most of the 20 families who were lucky enough to access the project, the evaluation was also designed to consider whether LBF's approach could be used more widely across Cumbria and the evidence is

more mixed in this respect. Professionals generally agreed that LBF was an example of how we should design services around the needs of families, rather than allowing agencies to work in silos as they have done in the past. However, they acknowledged there were a number of challenges to adopting this approach more widely. Some professionals expressed concerns in relation to how LBF fits within the overall spectrum of support for children and families in Cumbria. Affecting cultural change across health and social care services in the current economic and social climate is hugely complex and LBF has unfortunately been forced to operate as a separate service, rather than being seen as a reorganisation of mainstream services, which was something that was highlighted in the original project plan. Senior managers within organisations provided the opportunity for innovation but LBF has existed on the edge rather than developing lines of clear governance which would have allowed other agencies to be clear about its role and purpose. The agreement that LBF would do child protection work was something which families wanted but it was not properly set up within the infrastructure leading to confusion from middle managers and teams. The challenges for the organisations in terms of proper governance and a consistent reliable relationship with key senior managers to support such a different way of thinking have been considerable and it has not been possible to resolve this as yet.

Stakeholders also expressed concerns around capacity. This kind of intensive work is very time consuming and LBF have not worked with as many families as they originally hoped because the size of the staff team has reduced over time and the project has operated with limited resources. This is associated with issues around equity in that some families who would benefit from this kind of intensive intervention are unable to access the service. Professionals did not always fully understand that LBF have smaller caseloads because the breadth of their intervention includes adult and child mental health in addition to safeguarding and social care. Some professionals suggested LBF might consider tightening their referral criteria, for example, by operating as an early intervention service, however, LBF never really had referral criteria that were adhered to and the local authority approached them specifically to take some of the cases that they regarded as 'stuck' or needing a last chance to make changes before care proceedings were instigated. Indeed one of the advantages of LBF is its capacity to work across different levels of need and cut across traditional service thresholds and barriers and its principles would be compromised if it was forced to introduce strict eligibility criteria.

The knowledge, commitment and passion of the team and the fact they live within and understand the local community was viewed as contributing to the success of the project but professionals also felt this could limit the extent to which the approach could be mainstreamed since other staff might not be so committed. Professionals commented that LBF staff work long hours and it might not be possible to expect others to do the same. Although the initial plan was for LBF to be a 24 hour service this was never achieved due to an agreed reduction in staffing ratios. While families have needed help out of hours this was usually for discrete periods of time and the work had a clear focus. Families have, on the whole, been respectful of staff time and whilst flexible working hours are certainly needed LBF concluded that 24 hour cover is probably not needed. LBF are working on developing their out of hours cover but believe that out of hours arrangements are better being tailored to the needs of individual families.

For the reasons outlined above most of the professionals who took part in the evaluation felt direct replication of the project would be problematic within the context of austerity but they acknowledged that the basic principles of LBF could and should be transferred to other services across Cumbria. Moving forward it will be important for partners to agree which aspects can be replicated or used to help other communities learn how to coproduce services that are tailored to their needs. There is general agreement that the way in which services are currently provided to

children and families in the UK is, unsustainable. There is an acute need to reduce demand on statutory services by redesigning the way we provide services for children and families and a need to rethink the relationship between the state and families and communities and build on family and community resources to avoid intervention. LBF are well placed to inform this debate. They have not only understood systems from service users' perspectives and engaged them in finding solutions and co-designing alternative, locally determined interventions, they have also demonstrated that rebalancing child/parent/professional relationships and giving more control to children, young people and families can lead to positive outcomes and reduced costs.

Possible future developments

Moving forward LBF should consider:

- Undertaking an options appraisal with partners over the next 12 months to develop an alternative delivery model that can be sustained in the longer term
- Accessing support to capture learning and the essence of their model to determine which aspects can be replicated and how this could be done
- Using the assets that parents themselves have to influence services and policy directly
- Agreeing clear lines of governance with CPFT and Cumbria County Council.
- How they can remain true to the nature of co-production and co-design and provide the services families need within current economic and political constraints.

The findings of the evaluation should be shared with families and they should be invited to contribute not only towards the future development of LBF but to any future development of services for children and families in Barrow.

Figures and tables

Table 1: Numbers of agencies involved with families

Family	Agencies involved in 2014	Agencies involved in 2016
The Smith Family	Children's social care Foster care Action for Children OT support Adult MH services CAMHS Additional education support Asthma clinic Young Carers	LBF Young carers
The Macdonald family	Children's services Additional education support EWO School nurse Police CAMHS Bereavement Counselling Service Respite care service Paediatrician Dietician Adult specialist health	LBF Adult specialist health

The Taylor family	Children's services Additional education support Mental health support charity School counselling Respite Care service Careers advice service Supported housing CAMHS Early intervention psychosis team Police Child learning disability Adult MH (psychology, SW psychosis team, occupational therapy, inpatient, psychosis, crisis resolution, prison inreach, psychosis, non-psychosis, approved MH professional service, psychiatric liaison)	LBF Additional education support Organisation providing careers advice Adult MH (non psychosis, access & liaison) CAMHS

Figure 1: Children's social care status LBF

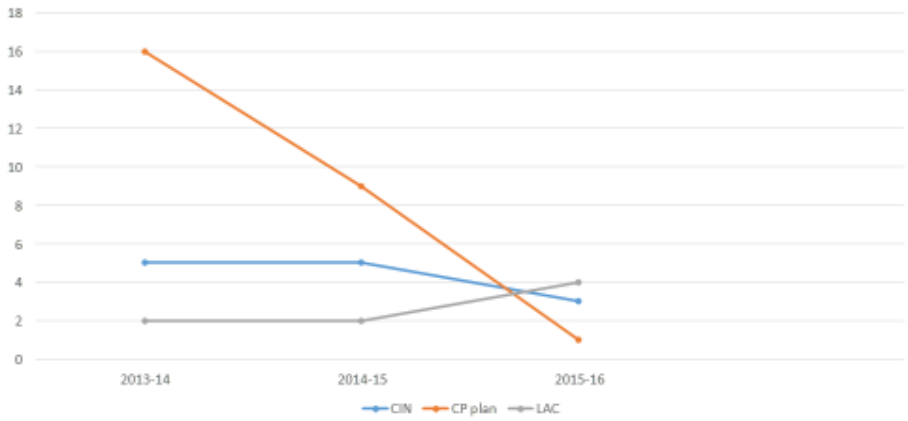

Figure 2: Children's social care status non LBF

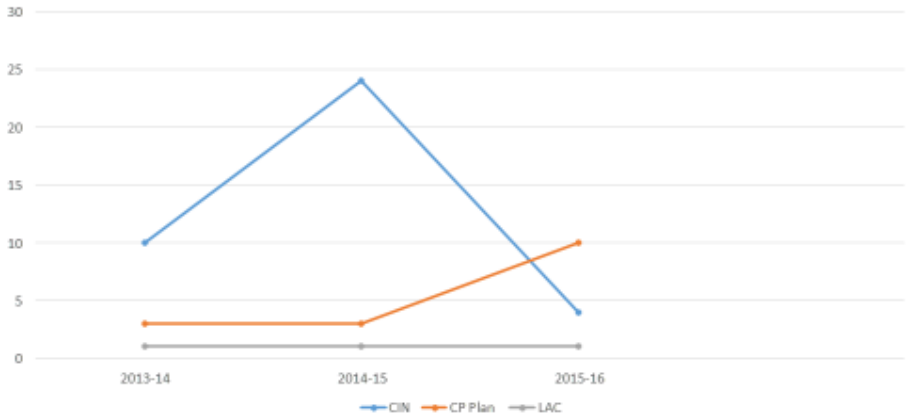

Figure 3: LBF children's social care costs

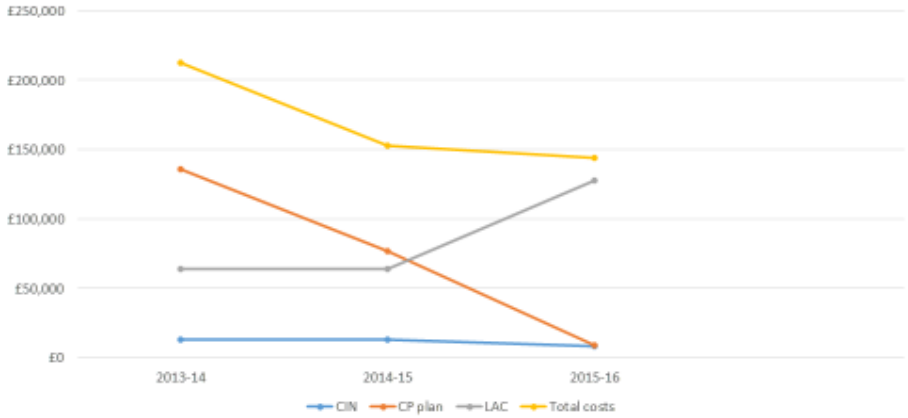

Figure 4: Non LBF children's social care costs

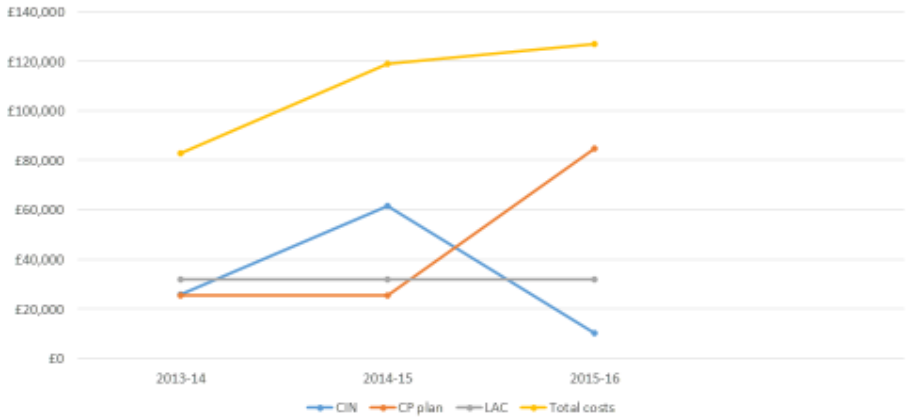

Figure 5: Mental Health Activity

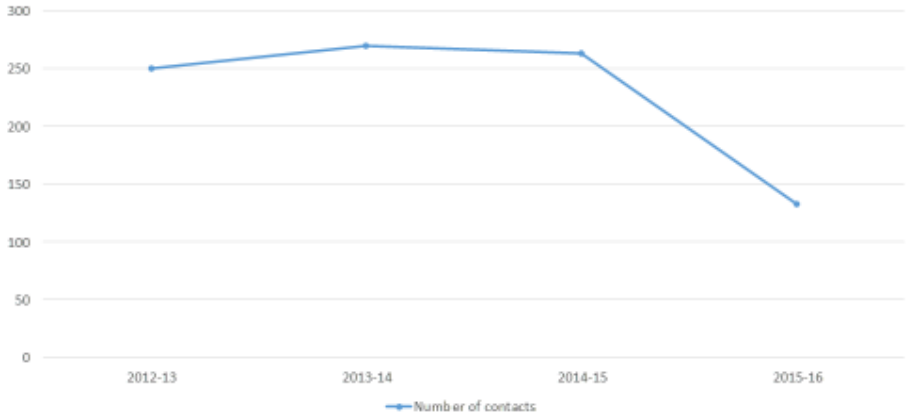

Figure 6: CAMHS costs

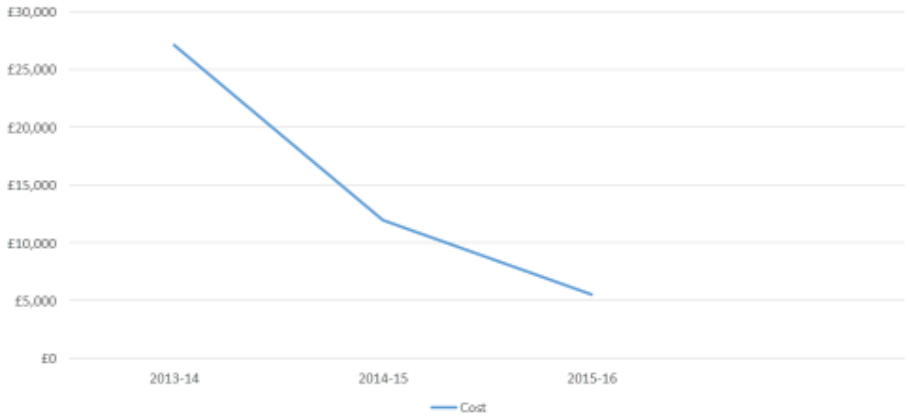

Figure 7: Community physical health services contacts

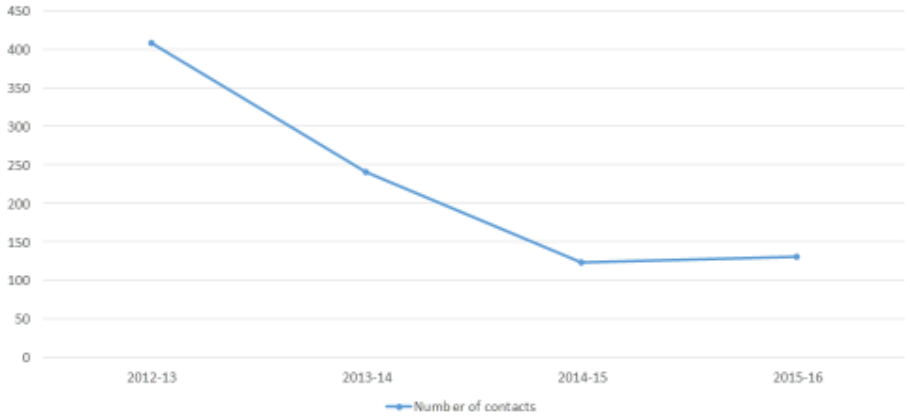

Figure 8: Out of hours GP contacts

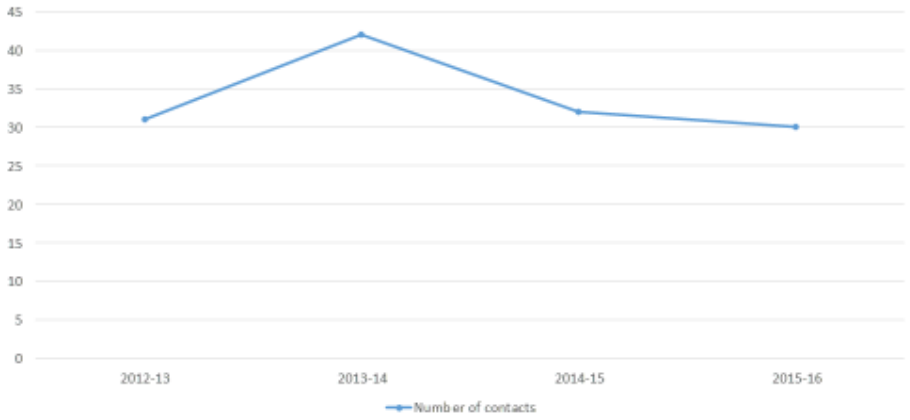

Figure 9: Police callouts